

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004714

FILED  
Mar 14, 2008  
Secretary of State

**Entity Name:** FLORIDA EDUCATIONAL BROADCASTING, INC.

**Current Principal Place of Business:**

634 NE BOULEVARD  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

634 NE BOULEVARD  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HONEYCUTT, ROBERT  
634 NE BOULEVARD  
GAINESVILLE, FL 32601      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      HONEYCUTT, ROBERT  
Address:                      634 NE BOULEVARD  
City-St-Zip:                      GAINESVILLE, FL 32601

Title:                      D                      ( ) Delete  
Name:                      HONEYCUTT, MARY  
Address:                      634 NE BOULEVARD  
City-St-Zip:                      GAINESVILLE, FL 32601

Title:                      D                      ( ) Delete  
Name:                      STRAKA, LYNN  
Address:                      628 NE BOULEVARD  
City-St-Zip:                      GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HONEYCUTT

D

03/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date